

30 1936

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City..... *St Louis Mo* (No. *5409 Lisette*)
St. Ward)

3423

File No.
Registered No. **656**

2. FULL NAME

(a) Residence, No. *5409 Lisette* St. Ward. **2**
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>F</i>	4. COLOR OR RACE <i>N</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>M</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Simon</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Aug 13 - 1877</i>		
7. AGE	YEARS <i>58</i>	MONTHS <i>5</i>
	DAYS <i>4</i>	If LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	<i>At Home</i>
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
*St Louis Mo*13. NAME
*John Busch*14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
*Germany*15. MAIDEN NAME
*Orthea Dickinson*16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
*Kernuquy*17. INFORMANT (ADDRESS)
*Simon Schuster 5409 Lisette*18. BURIAL, CREMATION, OR REMOVAL PLACE DATE
*St Louis East St. Louis Jan 20, 1936*19. UNDERTAKER (ADDRESS)
*John & Eugenheim Bros 70270*20. FILED JAN 18 1936
J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Jan 17, 1936*

22. I HEREBY CERTIFY, That I attended deceased from *Oct 15* 19*35* to *Jan 17* 19*36*
I last saw *her* alive on *Jan 16* 19..... Death is said to have occurred on the date stated above, at *525 A.*
The principal cause of death and related causes of importance were as follows:

Chronic nephritis
131
Other contributory causes of importance:
Leucocytosis *2 1/2*

Name of operation..... Date of.....
What test confirmed diagnosis..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury.....

Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.....

(Signed) *H. H. Schumacher*, M. D.
(Address) *6811 1/2 Grand Ave*

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

THIS IS A PERMANENT RECORD

